MaineCare Services
An Office of the
Department of Health and Human Services

John E. Baldacci, Governor   Brenda M. Harvey, Commissioner

MeCMS VOID FUNCTIONALITY INSTRUCTIONS

Limited Void Functionality will be available for providers to use beginning **October 22, 2007.** Providers will be able to Void certain claims and re-bill charges, as appropriate. This document provides definition of terms and detailed instructions on how to use the functionality to maximize its benefits and features and minimize errors.

What **PROVIDERS CAN DO** with Void Functionality. . .
Following the Implementation of Void Functionality Providers CAN:

Void an original paid claim document or paid claim line for which a void was not previously submitted and approved

> A general rule of thumb is that if claims are currently paying correctly, a Void followed by a Re-bill should result in a proper payment. If a claim is **NOT** paying correctly due to a known issue, **VOIDS AND RE-BILLS SHOULD NOT BE SUBMITTED** because the claim will encounter the same issue. Examples of these are limits, edits processing failures (EPF) and co-pays.

> Nursing, Custodial Care and Residential Care Facilities cannot void paid claim lines on documents with cost of care, spend downs, room and board or TPL. Please contact your Adjustment Specialist for instructions on how to handle these.

> Hospitals and Psychiatric Hospitals cannot void paid claim lines on documents that include spend downs or TPL, and cannot void a line that has a revenue code of room and board unless the room and board line is the only line in the entire claim document. Please contact your Adjustment Specialist for instructions to handle these.

Re-bill a Voided claim document or claim line once the Void appears on an RA

Void multiple claim lines within a billing cycle

> Each claim line must be submitted as a separate Void document

What the **STATE CAN DO** with Void Functionality. . .
Following Void Functionality Implementation, the State CAN:

Process Voids that were previously submitted electronically in MeCMS

Process system-initiated voids for the following situations:
- ☑ Certain Nursing, Custodial Care and Residential claims paid incorrectly at zero
- ☑ Certain Hospital and Psychiatric Hospital claims with an allowed amount processed incorrectly at zero.
- ☑ FQHC and RHC claims paid zero 01/05 thru 06/05
- ☑ Non-Hospital claims paid zero during 07/06
- ☑ Dental claims paid zero from 01/01/05 to 08/24/07

This will save providers from having to void claims individually

Process Voids previously submitted on a pink form on a first-in, first-out basis

Process Voids previously submitted with a check so that funds are not offset, since payment has already been received

What Providers CANNOT do:

- ☝ . . .Void a DENIED claim document or claim line
- ☝ . . .Void an ADJUSTMENT claim document or claim line
- ☝ . . .Void a VOID claim document or claim line
- ☝ . . .Void a mixed DENIED and PAID claim document (*must* VOID individual paid claim lines)
- ☝ . . .Void a SUSPENDED claim
- ☝ . . .Void a claim held in Edits Processing Failure
- ☝ . . .Void a claim held in Fund Allocation Failure
- ☝ . . .Resolve a current outstanding billing issue by voiding and re-billing
- ☝ . . .Adjust a claim document or claim line (using Submission Reason/Frequency of 7)
- ☝ . . .

> 🛑 Special Note for MBCHP: Please be advised that providers submitting claims to the Maine Breast and Cervical Health Program are not allowed to submit voids for claims with service dates prior to July 1, 2006.
>
> Please call 1 (800) 350-5180 for further questions regarding the MBCHP.

DEFINITIONS USED IN THIS DOCUMENT

Void: The complete reversal of a claim document or claim line

Adjustment: The revision of a claim document or claim line
(This will not be available in MeCMS until Spring 2008)

Re-bill: The resubmission of charges for a voided claim following the receipt of a Remittance Advice (RA) confirming that the Void was processed successfully

---

SCHEDULE

1	Provider Training on Void Functionality	10/01/07 - 10/12/07
2	Void functionality code promoted to Production Environment	10/01/07
3	State and CNSI Validate void functionality code	10/02/07 - 10/15/07
4	Three (3) "Pilot" Providers to submit "live" voids to MeCMS	10/01/07 - 10/15/07
5	Timely filing system changes sent to test environment	10/01/07 - 10/15/07
6	Deploy timely filing system changes to Production Environment.	10/17/07
7	Providers may submit voided claims **not** intended for re-billing	10/22/07
8	Providers may initiate voided claims intended for re-billing	10/29/07
9	Providers may submit re-bills. Must wait until Remittance Advice (RA) for voided claim is received (to avoid denial for duplicate claim) **and** for completion of timely filing system (for claims over timely filing limit).	11/05/07
10	Evaluation of and deployment of system-initiated voids to allow for provider re-billing	11/01/07 – 12/31/07

UB 92 Institutional Claims

1. Enter an "8" as the last digit in Form Locator (FL) 4, Type of Bill **AND**
2. Enter the Original TCN in FL 37 A

4.Type of Bill
XX8

Example of a Header Void – Entire Document Void – Enter Document TCN
Submit Exact Replica of Original Claim

37	
A	002006115643030000
B	
C	

Example of a Line Void – Enter Line TCN
Submit Exact Replica of Original Claim including only line being voided.

37	
A	002006115643030002
B	
C	

UB 04 Institutional Claims

1. Enter an "8" as the last digit in Form Locator (FL) 4, Type of Bill **AND**
2. Enter the Original TCN in FL 64

4.Type of Bill
XXX8

Example of a Header Void – Entire Document Void – Enter Document TCN
Submit Exact Replica of Original Claim

64	DOCUMENT CONTROL NUMBER
A	002006115643030000
B	
C	

Example of a Line Void – Enter Line TCN
Submit Exact Replica of Original Claim including only line being voided.

64	DOCUMENT CONTROL NUMBER
A	002006115643030001
B	
C	

HCFA/CMS 1500 Professional Claims

1. Enter an "8" in Box 22, "Medicaid Resubmission" in the space for "Code" **AND**
2. Enter the Original TCN in Box 22 in the space for "Original Ref No"

   Example of a Header Void – Entire Document Void – Enter Document TCN
   Submit Exact Replica of Original Claim

22. MEDICAID RESUBMISSION CODE	ORIGINAL REF NO
8	00200709006016000

   Example of a Line Void – Enter Line TCN
   Submit Exact Replica of Original Claim including only line being voided.

22. MEDICAID RESUBMISSION CODE	ORIGINAL REF NO
8	00200709006016003

Dental Claims (ADA 1999 Version 2000 Form)

1. Enter an "8" **AND** the Original TCN in Box 61

   Example of a Header Void – Entire Document Void – Enter Document TCN
   Submit Exact Replica of Original Claim

61. Remarks for unusual services
8   00200709006016000

   Example of a Line Void – Enter Line TCN
   Submit Exact Replica of Original Claim including only line being voided.

61. Remarks for unusual services
8   00200709006016001

Electronic Institutional Claims

1. Enter an "8" in Record Type 10 in Field Number 2, Type of Batch. Field Number 2 consists of three segments, where the third segment is reserved for the Frequency Code, Form Locator 4. This is position 5.
2. Enter the Original TCN in Record Type 31 in Field Number 14, Form Locator 37. Field Number 14 begins at position 155 and is a length of 23 characters, more than the number of characters in a TCN. This field is left justified and the remaining characters left blank.
3. Record Type 31 only needs to exist if you are attempting to void a claim. Otherwise, this record should be left off the claim.
4. MaineCare has customized the use of these fields in Record 31, Third Party Payer information to meet our needs for voids.
5. When voiding entire documents, all lines must be included in the electronic claim, as submitted in the original claim. When voiding by line, enter only the line being voided.

Electronic Professional and Dental Claims

1. Submission Reason Code and Original TCN fields are located in Record G.
2. Enter an "8" in Position 41
3. Enter the Original TCN (either document or line) starting in Position 42
4. Record G only needs to exist if you are attempting to void a claim. Otherwise, this record should be left off the claim.
5. MaineCare has customized the use of the "Filler Fields" in the Professional and Dental claims to meet our needs for voids.
6. Provider initiated voids at the line-level can only be done one line per claim. To void 3 lines from a claim, each void submission would contain only one G Record as follows:

   > B
   > C
   > E
   > G (Original Line TCN)

   You would have to submit three separate claims to void the three lines from the same document. Note that if you are voiding at the line-level, you only need to include that line you are voiding. For example:

   > B Claim 1
   > C Claim 1
   > E Line 2
   > G Line 2 (Original Line TCN)

   > B Claim 1
   > C Claim 1
   > E Line 3
   > G Line 3 (Original Line TCN)

   > B Claim 1
   > C Claim 1
   > E Line 4
   > G Line 4 (Original Line TCN)

7. However, if you are voiding at the document level, you need to include all lines in the document. This should include all information from the original claim. For example, for a 5-line document:

   > B
   > C
   > E
   > E
   > E
   > E
   > E
   > G (Original Document TCN)

Remittance Advice (RA) and Electronic Remittance Advice (835) Changes: These changes are not necessarily due to the void functionality, but are occurring at the same time that the void functionality is being implemented.

RA Summary
- ☑ Receivables amounts displayed
- ☑ Receivables grouped by Provider and Adjustment Source

RA Details
- ☑ TPL amount and member responsibility amount columns removed
- ☑ Adjustment source and offset indicator columns added
- ☑ New Denied Adjustment category

RA/835 Adjustment Reason Code 142:
- ☑ In the past, this adjustment code reflected Cost-of-Care. Code 142 will now also   include patient liability amounts, patient paid amounts, and spend-down amounts.

RA/835 Cutback Adjustment Reason Code
- ☑ In the past, Adjustment Reason Code 35 (Benefit maximum reached per lifetime) was used for this purpose. Now Adjustment Reason Code 119 (Benefit maximum has been reached for this time-period) will be reported.

RA/835 Voided Claims Presentation
- ☑ Voided Claims presented with dual adjustment codes, 96 and 129 each with the total amount of the line being voided.

  For example, a voided claim for $29.96 shows:

  <u>Amounts on the claim:</u>
  Allowed Amount = -29.96
  Paid Amount = -29.96
  Billed Amount = 29.96
  Adjustment Amounts = 29.96 + 29.96

  The amounts are balanced as
  Paid Amount = Billed Amount – Adjustments Amounts
  -29.96 = 29.96 – (29.96+29.96)
- ☑ The Adjustment Code descriptions are 96: "Non-covered charge(s). 129: "Payment denied – Prior processing information appears incorrect."
- ☑ There is no deviation from current logic.

835 Indication of Voided Claim
- ☑ The CLP segment in Loop 2100 is used to identify void claims. The Claims Status Code field, CLP02, will contain a value of "22" to represent a void.
- ☑ The Claim Frequency Type Code Field, CLP09, will contain the value of "8" for Institutional, Professional, and Dental claim types.

Special Instructions for pre-MeCMS Claims
- ☑ Line TCN's did not exist prior to MeCMS
- ☑ When voiding pre-MeCMS lines, create the line TCN using the Header TCN and appending 001 for line 1, 002 for line 2 etc.
- ☑ TCN must be left justified.

Please Note: Voiding a claim results in a new "credit" claim created in MeCMS, which will negate all claim attributes of the original claim. The first two digits of the new TCN indicates the source of the voided claim as such:

> 00 = Provider initiated, paper
> 99 = Provider initiated, electronic (Electronic Media Claim-EMC)
> 22 = State initiated, system initiated or Correct Code Initiative – CCI - initiated

If you have particular issues or situations for which you would like additional guidance, **please contact your Adjustment Unit Specialist: List updated October 25, 2007**

Who to Call for Claims Adjustments

Medical Support Specialists (formerly adjusters) are assigned by type of provider and the alphabet. Alphabet applies to the first line on the remittance statement.

Provider Type	First letter of provider name	Contact Person
Boarding home	A – E	Linda Harrington
	F – L	Shavon Smith
	M – Z	Nancy Haskell
Dentists	A – E	Debbie Ladd
	F – N	Jaime Hall
	O – Z	Kathy Collins
DMR Waiver	(all)	Shavon Smith
Home Health	A – E	Linda Harrington
	F – L	Shavon Smith
	M – Z	Nancy Haskell
Hospital	A – E	Linda Harrington
	F – L	Shavon Smith
	M – Z	Nancy Haskell
Maine Breast and Cervical Health Program (MBCHP)	(all)	Shirley Chadbourne
Nursing home	A – E	Linda Harrington
	F – L	Shavon Smith
	M – Z	Nancy Haskell
Providers billing on CMS 1500	A – E	Debbie Ladd
	F – N	Jaime Hall
	O – Z	Kathy Collins
Transportation	A – E	Debbie Ladd
	F – N	Jaime Hall
	O – Z	Kathy Collins

Contact person	Telephone	E-mail
Linda Harrington	287-1777	Linda.Harrington@maine.gov
Shavon Smith	287-6284	Shavon.Smith@maine.gov
Nancy Haskell	287-1779	Nancy.Haskell@maine.gov
Debbie Ladd	287-1780	Debbie.Ladd@maine.gov
Jaime Hall	287-1778	Jaime.Hall@maine.gov
Kathy Collins	287-3758	Kathy.Collins@maine.gov
Shirley Chadbourne	287-6285	Shirley.Chadbourne@maine.gov

If you have any general questions on how to submit a void, please contact Billing and Information at 1 (800)-321-5557 Option 8.

Attention: In the event that changes to these instructions or to the enclosed schedule are required, urgent notifications will be provided via the Office of MaineCare Services ListServ. To ensure your timely receipt of these notices, please sign up for this free service at http://mailman.informe.org/mailman/listinfo/provider/.

Other Useful Links:
MaineCare Website
> **http://www.maine.gov/bms/**

News You Can Use
> **http://www.maine.gov/bms/member/innerthird/news_page.shtml**

MaineCare Billing Instructions
> **http://www.maine.gov/bms/providerfiles/provider_billing_manuals.htm**

MaineCare Benefits Manual
> **http://www.maine.gov/sos/cec/rules/10/ch101.htm**

Information on claims payments and interim payments
> **https://portalxw.bisoex.state.me.us/oms/prv_pmts/ext_pfp.aspx?cf=op2**

Information on Claims Status
> **https://portalx.bisoex.state.me.us/jav/DHHSClaimStatus_prod/requestStatus.jsp**